

## **EMPLOYEE SURVEY OF AUGUST 9, 2002**

| A Public Service Agency                                       |  |                     |                       |                            |                                      |          |
|---|--|---------------------|-----------------------|----------------------------|--------------------------------------|----------|
| NAME OF BUSINESS  |  |                     |                       | OL#                        |                                      |          |
| List all persons employed by                                  | the registration                         | n service to delive | r, pick-up, or subm   | it registration            | on work to l                         | DMV.     |
| TRUE FULL NAME  |  | DATE OF BIRTH       | DRIVER LICENSE #      | STATE<br>LICENSE<br>ISSUED | AUTHORIZED TO SIGN FOR OWNER OR MGT. |          |
| (LAST, FIRST, INITIA  |  |                     |                       |                            | YES                                  | NO       |
|   |  |                     |                       |                            |                                      |          |
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| CERTIFICATION   |  |                     |                       |                            |                                      |          |
| I certify under penalty of per                                | iury under the la                        | aws of the State o  | f California that the | foregoing i                | s true and o                         | correct. |
| I accept full responsibility for sign for the owner or manage | r the actions of                         |                     |                       |                            |                                      |          |
| EXECUTED ON (DATE)  | AT (CITY/STATE)                          |                     |                       |                            |                                      |          |
| SIGNATURE OF LICENSEE (SOLE OMNIED BAR                        | PARTNER, OR OFFICER OF CORPORATION ONLY) |                     |                       |                            |                                      |          |
| GIGINATURE OF LICENSEE (SULE UWINER, PAR                      | TINER, OR OFFICER OF C                   | ONFORATION UNLY)    |                       | TITLE                      |                                      |          |